

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) **DAVID TABB**

Name

(2) **737 NE 7 AVE., APT. 6**

Address (number and street)

FORT LAUDERDALE, FL 33304

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

2015 FEB 27 AM 9:39

CITY CLERK

(4) Check appropriate box(es):

☒ Candidate Office Sought:

FORT LAUDERDALE COMMISSION, DISTRICT 2

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From **2/7/2015** / ____ To **2/20/2015** / ____ Report Type: **G-2**

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ **100.00** , ____ . ____

Loans \$ **1000.00** , ____ . ____

Total Monetary \$ **1100.00** , ____ . ____

In-Kind \$ ____ , ____ . ____

(7) Expenditures This Report

Monetary Expenditures \$ **1425.00** , ____ . ____

Transfers to Office Account \$ ____ , ____ . ____

Total Monetary \$ **1425.00** , ____ . ____

(8) Other Distributions

\$ ____ , ____ . ____

(9) TOTAL Monetary Contributions To Date

\$ **6950.00** , ____ . ____

(10) TOTAL Monetary Expenditures To Date

\$ **5536.63** , ____ . ____

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) **DAVID TABB**

☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☐ Deputy Treasurer

X

Signature

(Type name)

☐ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name DAVID TABB (2) I.D. Number _____

(3) Cover Period 2/7/2015 / / through 2/20/2015 / / (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
2/10/2015 / / 1	REGINA SANTORO 1201 SE 2ND COURT FT. LAUDERDALE, FL 33301	1	FINANCE	CHE			\$100.00
2/10/2015 / / 2	DAVID M. TABB 737 NE 7 AVE., APT. 6 FT. LAUD, FL 33304	8	ENTREPRENEUR	LOA			\$1000.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DAVID TARE

(2) I.D. Number _____

(3) Cover Period 2/7/2015 through 2/20/2015

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
2/11/2015	S. MARK GRAPHICS 500 NE 9TH AVE. FT. LAUDERDALE, FL 33301	GRAPHIC DESIGN	MON		\$1425.00
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